


United States District Court
For the District of Delaware

Acknowledgement of Service Form
For Service By Return Receipt

Civil Action No. 06 CV 778 GMS

Attached below is a return receipt card reflecting proof of service
upon the named party on the date show.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> ME  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <u>M. L. Amor</u> C. Date of Delivery <u>5-3-07</u>
WARDEN TOM CARROLL DELAWARE CORRECTIONAL CENTER 1181 PADDOCK RD. SMYRNA, DE 19977 <u>06-778 GMS</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. PS	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes

102595-02-M-1540

